

Four Seasons (c/o Businessolver, Inc.)
 ATTN: COBRA Administration
 1025 Ashworth Road, Suite 101
 West Des Moines IA 50265



Notice Date: May 07, 2021

To the Family of:
 Vivian Holmes
 42 Wildwood Ave.
 Mt. Vernon, NY 10550

IMPORTANT – COBRA CONTINUATION COVERAGE & OTHER HEALTH COVERAGE ALTERNATIVES
 You're getting this notice because you recently lost coverage under Four Seasons group health plan ("the Plan"). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. Please read the information in this notice very carefully before you make your decision.

Some individuals are eligible for temporary premium assistance under the American Rescue Plan Act of 2021 (ARP). To determine if you are eligible for COBRA premium assistance under the ARP, carefully review this notice and the attached document titled Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021. If you are eligible, login to fbenefits.fourseasons.com to request premium assistance and enroll following the steps outlined below.

If you are not eligible for premium assistance, and would still like to elect COBRA, complete the following steps below.

IT TAKES JUST THREE EASY STEPS TO REVIEW AND ENROLL IN YOUR COBRA COVERAGE OPTIONS ONLINE:

1. **Go to fbenefits.fourseasons.com** and log in with your username and password. If you don't know them, select **Register** then provide your company key (**fourseasons**), your Social Security Number and your Date of Birth.
2. **Review and make your COBRA elections.** The online enrollment process makes it easy to select the coverage you're eligible for and request premium assistance under ARP. Please note, if you are a dependent electing coverage for yourself only, you will need to complete and return the attached enrollment form. Once enrolled, you will be able to login to fbenefits.fourseasons.com and create your online account.
3. **Choose the payment method you want.** Please note, if you are an Assistance Eligible Individual under ARP, you will not be required to make a payment for assistance-eligible plans until your premium assistance ends.
 - a. **Pay Online** – Provide your preferred payment method and account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
 - b. **Pay by Check** – Make your check payable to **Four Seasons**.

Coverage provided by Four Seasons to you and/or your covered dependent(s) ends on 04/30/2021 due to the qualifying event marked below:

QUALIFYING EVENT
 Involuntary Reduction of Work Hours

COBRA EFFECTIVE DATE
 05/01/2021

DURATION OF COVERAGE
 18 months

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

Vivian Holmes

¿TIENE PREGUNTAS SOBRE ESTA INFORMACIÓN O DESEA RECIBIR ESTE AVISO EN ESPAÑOL?

Por favor, póngase en contacto con Businessolver, Inc. en 866-672-0435. Los representantes están disponibles de lunes a viernes durante el horario comercial normal.



This notice has important information about your right to continue your health care coverage under the Plan, as well as other health coverage options that may be available to you, including coverage through Medicaid or the Health Insurance Marketplace. To sign up for Marketplace coverage, visit www.HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325). People in most states use www.HealthCare.gov to apply for and enroll in health coverage; if your state has its own Marketplace platform, you can find contact information here: www.HealthCare.gov/marketplace-in-your-state/.

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should enroll online at fabenefits.fourseasons.com or use the Election Form provided later in this notice.

THE AMERICAN RESCUE PLAN ACT OF 2021

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for COBRA continuation coverage. Premium assistance is available to certain individuals who are eligible for COBRA continuation coverage due to a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for the premium assistance, you may not need to pay any of the COBRA premium otherwise due to the Plan for the months when you are eligible for premium assistance. Some coverages are not eligible for premium assistance, such as a health flexible spending arrangement (FSA). **This premium assistance is available from April 1, 2021, through September 30, 2021.** If you choose to continue your COBRA continuation coverage beyond that date, you may have to pay the full COBRA premium amount due. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace (see section on "other coverage options" below).

To determine whether you are eligible for COBRA premium assistance under the ARP, carefully review this notice and the attached document titled "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021". **If you believe you are an eligible individual and want to elect COBRA continuation coverage with temporary premium assistance, login to fabenefits.fourseasons.com to complete the "Request for Treatment as an Assistance Eligible Individual" online or complete the enclosed form and mail it to the COBRA Administrator with your completed Election Form, or separately, if you are currently enrolled in COBRA continuation coverage.**

GENERAL COBRA INFORMATION

Federal Law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there is a "qualifying event" that would result in a loss of coverage under the Plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, the covered employee's spouse, and/or dependent children of the covered employee. Continuation coverage is the same coverage the Plan gives to active employees. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

WHAT'S COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

WHO ARE THE QUALIFIED BENEFICIARIES?

Each person ("qualified beneficiary") listed on the Election Form below may be able to elect COBRA continuation coverage. COBRA continuation coverage is available to all qualified beneficiaries from 05/01/2021 to 10/31/2022 (the end of the maximum period). Dependents not covered at the time of the qualifying event may be added only during Open Enrollment, if HIPAA special enrollment applies, or a status change event occurs to establish a right to enroll.

Only one of you needs to elect COBRA continuation coverage for your spouse and dependent child(ren), if any, who wish to continue coverage. (Please note, a parent or legal guardian (regardless of whether they are a qualified beneficiary) may elect COBRA continuation coverage on behalf of a minor child, as applicable.) Furthermore, because COBRA gives you the right to elect coverage independently, you, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage. However, you may not decline coverage on behalf of your spouse or non-minor child.

Continuation coverage for a qualified beneficiary will be terminated before the end of the maximum period, if:

1. the required premium is not paid in full, on time;
2. after electing continuation coverage, the qualifying beneficiary becomes covered under another group health plan;
3. after electing continuation coverage, the qualified beneficiary becomes entitled to Medicare (under Plan A, Plan B, or both); or
4. the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Additionally, you may apply for and, if eligible, enroll in Medicaid at any time. If you are not eligible for premium assistance under the ARP, some of these options may cost less than COBRA continuation coverage. If you are eligible for other group health coverage, such as through a new employer's plan or a spouse's plan (not including excepted benefits, a qualified small employer health reimbursement arrangement (QSEHRA), or a health flexible spending arrangement (FSA)), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect COBRA continuation coverage. Note, however, that you will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage for months you are enrolled in COBRA continuation coverage and you may not be eligible for months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you're eligible for Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible. Also, keep in mind that if you elect COBRA continuation coverage with premium assistance, then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

IF I ELECT COBRA CONTINUATION COVERAGE, WHEN WILL MY COVERAGE BEGIN AND HOW LONG WILL COVERAGE LAST?

If elected, COBRA continuation coverage will begin on 05/01/2021 and can last until 10/31/2022. If your COBRA qualifying event was the employee's reduction in hours or involuntary termination of employment, you may be eligible for ARP premium assistance from the later of April 1 or your COBRA continuation coverage begin date through September 30, 2021. You may elect any of the options for COBRA continuation coverage listed within the Election Form below.

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or if you become covered under another group health plan.

Note, due to the COVID-19 National Emergency, the Department of Labor, the Department of the Treasury, and the Internal Revenue Service issued a Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak ("Joint Notice"). This notice provided relief for certain actions related to employee benefit plans required or permitted under Title I of ERISA and the Code, including the 60-day initial election period for COBRA continuation coverage. The Department of Labor's Employee Benefits Security Administration (EBSA) provided further guidance on this relief in EBSA Disaster Relief Notice 2021-01. The extended deadline relief provided in the Joint Notice and Notice 2021-01 does not apply, however, to the 60-day election period related to COBRA premium assistance under the ARP. Potential Assistance Eligible Individuals therefore must elect COBRA continuation coverage within 60 days of receipt of the relevant notice or forfeit their right to elect COBRA continuation coverage with premium assistance.

However, a potential Assistance Eligible Individual has the choice of electing COBRA continuation coverage beginning April 1, 2021, or after (or beginning prospectively from the date of your qualifying event if your qualifying event is after April 1, 2021), or electing COBRA continuation coverage commencing from an earlier qualifying event if you are eligible to make that election, including under the extended time frames provided by the Joint Notice. The election period for COBRA continuation coverage with premium assistance does not cut off an individual's preexisting right to elect COBRA continuation coverage, including under the extended timeframes provided by the Joint Notice and EBSA Disaster Relief Notice 2021-01.

CAN I EXTEND THE LENGTH OF COBRA CONTINUATION COVERAGE?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify Businessolver, Inc. of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, you will lose your right to extend the period of continuation coverage.

For more information about extending the length of COBRA Continuation coverage visit

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>.

Disability

An 11-month extension of coverage may be available if any of the qualifying beneficiaries are determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

This notice must be mailed to the COBRA Administrator at the address provided in this notice. The notice must be received within 60 days after the latest of:

1. the date of the SSA disability determination;
2. the date on which the qualifying event occurred;
3. the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of work hours; or
4. the date on which the qualified beneficiary is informed of the obligation to provide the disability notice.

Regardless of the 60-day deadline described above, your notice must be provided no later than 18 months after your COBRA coverage began or you will not be eligible for a disability extension.

Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify Businessolver, Inc. of that fact at the address below within 30 days after SSA's determination. COBRA coverage will terminate (retroactively, if applicable) on the first day of the first month that begins at least 30 days after the date of the SSA determination that the qualified beneficiary is no longer disabled or the end of the maximum coverage period that applies to the qualified beneficiary without regard to the disability extension.

Second Qualifying Event

An 18-month extension of coverage may be available to spouses and dependent children who maintain continuation coverage if a second qualifying event occurs within the first 18-months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits under Part A, Part B, or both, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events *may* be second qualifying events *only* if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. If you want to extend your continuation coverage you must notify Businessolver, Inc. at the address below of the event within 60 days starting from the latest of: (1) the date on which SSA issues the disability determination; (2) the date on which the qualifying event occurs; (3) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event; or (4) the date on which the qualified beneficiary is informed, through the furnishing of the SPD or the COBRA general notice, of the responsibility to notify the Plan and the procedures for doing so.

Second Qualifying Event documentation must be mailed to the Businessolver, Inc. at the address provided in this notice.

HOW MUCH DOES COBRA CONTINUATION COVERAGE COST?

Please review the Election Form for details of COBRA continuation cost.

The ARP reduces the COBRA premium to zero in some cases. If you qualify as an "Assistance Eligible Individual" under the ARP, the monthly premium cost will be zero through September 30, 2021.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the Election Form is received by the Plan. Important information about paying your premium can be found in this notice. Please note, premiums are subject to change.

You may qualify for a special enrollment period to enroll in Marketplace coverage when your COBRA continuation coverage and/or your premium assistance ends. You may be able to get coverage through Medicaid or the Health Insurance Marketplace®. You can learn more about the Marketplace below.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a subsidy that lowers your monthly premiums and for cost-sharing reductions (that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your subsidized premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Under the ARP, individuals and families may be eligible for a temporary increase in their premium tax credit, and advance payments of the premium tax credit, for this year, with no one who is eligible paying more than 8.5% of their household income towards the cost of the benchmark plan or a less expensive plan for plan years 2021 and 2022. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). People in most states use HealthCare.gov to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform you can find contact information for your State Marketplace at the web address below.

Health Insurance Marketplace: <https://www.healthcare.gov>

State-based Marketplace: <https://www.healthcare.gov/marketplace-in-your-state/>

Medicaid: <https://www.healthcare.gov/do-i-qualify-for-medicaid/>

Children's Health Insurance Program (CHIP): <https://www.healthcare.gov/are-my-children-eligible-for-chip/>

Being offered COBRA continuation coverage won't limit your eligibility for Medicaid. It also won't limit your eligibility for Marketplace coverage or for a subsidy through the Marketplace, if you are a former employee of the employer offering the coverage. But you won't be eligible for a subsidy or a tax credit during any month that you're enrolled in COBRA continuation coverage. Therefore, if you want to use a special enrollment period to enroll in Marketplace coverage with a subsidy or a tax credit, you must end your COBRA continuation coverage before your Marketplace coverage starts. Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage.

If you are currently employed by the employer offering the COBRA continuation coverage with premium assistance, you may enroll in Marketplace coverage but you may be ineligible for a subsidy or a premium tax credit for the Marketplace coverage for the period you are offered the COBRA continuation coverage with premium assistance.

WHEN CAN I ENROLL IN MARKETPLACE COVERAGE?

Marketplace-eligible consumers can enroll in Marketplace coverage if they qualify for a special enrollment period. For example, Marketplace-eligible consumers always have 60 days from the time they lose your job-based coverage to enroll in the Marketplace, or they can apply up to 60 days beforehand if they know they'll lose coverage ahead of time. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, Marketplace-eligible consumers can enroll from November 1 -- December 15 in Marketplace coverage that starts on January 1. Finally, they may apply for and, if eligible, enroll in Medicaid coverage at any time.

Note that due to COVID-19, for Marketplaces that use HealthCare.gov, all Marketplace-eligible consumers who are submitting a new application or updating an existing application can access a special enrollment period available through the HealthCare.gov platform from February 15 through August 15 of 2021. For more information, please see: [www.HealthCare.gov/spe-llat/](https://www.healthcare.gov/spe-llat/). Marketplace-eligible consumers in states with Marketplaces that do not use the HealthCare.gov platform should consult their Marketplace to find out whether they have a special enrollment period available to them. If your state has its own Marketplace platform you can find contact information for your State Marketplace here: [www.HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/).

Additionally, under the ARP, Individuals and families may be eligible for a temporary increase in their premium tax credit and advance payment of the premium tax credit for 2021 and 2022, with no one who is eligible paying more than 8.5% of their household income towards the cost of the benchmark plan or a less expensive plan.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period/](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/). If your state has its own Marketplace platform, you can find contact information for your State Marketplace here: [https://www.HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/). Note, you may apply for and, if eligible, enroll in Medicaid coverage at any time.

IF I SIGN UP FOR COBRA CONTINUATION COVERAGE, CAN I SWITCH TO COVERAGE IN THE MARKETPLACE? WHAT ABOUT IF I CHOOSE MARKETPLACE COVERAGE AND WANT TO SWITCH BACK TO COBRA CONTINUATION COVERAGE?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also choose to end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible. But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended and no other qualifying events apply. For more information on COBRA continuation coverage and the Marketplace, see [www.HealthCare.gov/unemployed/cobra-coverage/](https://www.healthcare.gov/unemployed/cobra-coverage/).

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

CAN I ENROLL IN ANOTHER GROUP HEALTH PLAN?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

1. The month after your employment ends; or
2. The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

You must notify Businessolver, Inc. in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage. Correspondence can be mailed to your COBRA Administrator at the address noted in this notice.

COBRA coverage is subject to termination retroactive to the date (after your COBRA election date) when the qualified beneficiary becomes entitled to Medicare or becomes covered under other group health coverage, regardless of when notice of other coverage is provided.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>, or, for more specific information regarding the Plan, contact your Plan Administrator.

WHAT FACTORS SHOULD I CONSIDER WHEN CHOOSING COVERAGE OPTIONS?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage (or up to 150% of total plan premiums after 18 months if you choose to extend the COBRA continuation coverage period beyond 18 months due to the disability of a qualified beneficiary) if you are not eligible for premium assistance under the ARP. If you are eligible for premium assistance under the ARP, your plan can charge this amount if you continue your COBRA continuation coverage beyond September 30, 2021. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication -- and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas -- so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments. You may also want to consider whether you have met your deductible or maximum out-of-pocket limit under your COBRA continuation coverage.

FOR MORE INFORMATION

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in the summary plan description or from Four Seasons (the "Plan Administrator").

If you have any questions about the information in this notice or your rights to COBRA continuation coverage, you should contact the COBRA Administrator:

Four Seasons (c/o Businessolver, Inc.)
P.O. Box 310512
Des Moines, IA 50331-0512
866-672-0435

If you have questions about the Plan or would like to request a copy of the Plan's summary plan description, you should contact your Plan Administrator:

Four Seasons
1165 Leslie St
Toronto, Ontario M3C 2K8
866-672-0435

For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at <https://www.dol.gov/agencies/ebsa> or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.healthcare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect you and your family's rights, you should keep the COBRA Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator or Plan Administrator.

IMPORTANT INFORMATION ABOUT PAYMENT

The following payment information is relevant for individuals who are not eligible for the premium assistance under the ARP:

First Payment for Continuation Coverage

If you elect COBRA you should pay the total premium due at the time you send in the Election Form in order to complete your enrollment and continue your coverage. Although you are not required to send any payment with the Election Form, you must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked if sent by mail or the date you complete your online enrollment). **If you do not make your first payment in full within 45 days after the date of your election, you will lose all continuation coverage rights under the Plan.** You're responsible for making sure that the amount of your first payment is correct. You may contact the COBRA Administrator to confirm the correct amount of your first payment using the contact information provided within this notice.

IMPORTANT: Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment.

For example, Employee A's employment terminates on September 30th, and they lose coverage on September 30th. Employee A then elects COBRA coverage on November 15th. The initial premium payment Employee A sends in must include the premium amount for October and November and is due on or before December 30th, (the 45th day after the postmarked date on the COBRA Election Form.) Also, please note that Employee A's December premium is due December 1st and that premium must be postmarked by December 31st for it to be considered timely.

Periodic Payments for Continuation Coverage

After your first payment for COBRA continuation coverage, subsequent payments for continuation coverage are due on the first day of each month of coverage. The date your payment is made is determined by the postmark on the envelope (e.g. May premiums must be postmarked on or before May 31, *see grace period described below*). The amount due is listed on the enclosed Election Form. Please make a copy of this for your records. The COBRA administrator provides billing periodic notices of payments due, but, **as a COBRA participant, it is your responsibility to remit payments on a timely basis.** If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break.

Checks returned for insufficient funds or checks that otherwise cannot be cashed are considered non-payment of premium and a replacement premium payment must be received by the end of the 30-day grace period (see the next paragraph) or coverage will terminate back to the end of the last fully paid period and you will lose all rights to COBRA coverage under the Plan. You may not be notified that a payment was returned due to insufficient funds until after the end of your grace period and after your COBRA coverage terminates. Once your COBRA coverage terminates, it will not be reinstated. Therefore, it is your responsibility to ensure funds are available to cover the required premium and, if a check is returned by the bank, to ensure a replacement check is submitted within the appropriate timeframe.

Grace Periods for Periodic Payments

Although periodic payments are due on the first of the month, you will be given a grace period of 30 days from the payment due date, except as previously described regarding your initial payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. **If you pay a period payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.**

If you fail to make a periodic payment before the end of the grace period for the coverage period, you will lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be made payable to **Four Seasons**.

Please mail payments to:

Four Seasons (c/o Businessolver, Inc.)
ATTN: COBRA Administration
P.O. Box 310512
Des Moines, IA 50331-0512

TO CHECK ON PAYMENT AND ACCOUNT STATUS

Go to fshenefits.fourseasons.com using your previous log in information. If you previously used a company intranet to log in; please register using the company key of: fourseasons. If you have questions, please contact your COBRA Administrator at 866-672-0435.

SUMMARY OF THE COBRA PREMIUM ASSISTANCE PROVISIONS UNDER THE AMERICAN RESCUE PLAN ACT OF 2021

President Biden signed H.R. 1319, the American Rescue Plan Act of 2021 (ARP), on March 11, 2021. This law subsidizes the full COBRA premium for "Assistance Eligible Individuals" for periods of coverage from April 1, 2021, through September 30, 2021.

To be eligible for the premium assistance, you:

- **MUST** have a COBRA qualifying event that is a reduction in hours or an involuntary termination of a covered employee's employment;
- **MUST** elect COBRA continuation coverage;
- **MUST NOT** be eligible for Medicare; AND
- **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by a new employer or a spouse's employer.*

**This restriction does not include coverage under a plan that provides only excepted benefits, a qualified small employer health reimbursement arrangement, or coverage under a health flexible spending arrangement.*

IMPORTANT

- If you do not elect to receive the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance.
- If you elect COBRA continuation coverage with premium assistance, and then become eligible for other group health plan coverage (not including coverage that is only excepted benefits (such as dental or vision coverage), a Qualified Small Employer Health Reimbursement Arrangement, or a health flexible spending arrangement), or if you become eligible for Medicare, you **MUST** notify the plan in writing. **If you fail to provide this notice, you may be subject to a penalty of \$250 (or if the failure is fraudulent, the greater of \$250 or 110% of the premium assistance provided after termination of eligibility). You won't be subject to the penalty if your failure to notify the plan is due to reasonable cause and not due to willful neglect.**
- Employers that don't satisfy COBRA continuation coverage requirements may be investigated by the Department of Labor and may be subject to an excise tax under the Internal Revenue Code.
- If you elect COBRA continuation coverage and are eligible for the premium assistance, you cannot claim the Health Coverage Tax Credit. You also cannot qualify for a premium tax credit to help pay for coverage through a Health Insurance Marketplace, such as on HealthCare.gov, for any months that you are enrolled in COBRA continuation coverage with or without the premium assistance.

For general information on your plan's COBRA continuation coverage, contact the COBRA Administrator:

Four Seasons (c/o Businessolver, Inc.)
P.O. Box 310512
Des Moines, IA 50331-0512
866-672-0435

For specific information on your plan's administration of the ARP premium assistance or to notify the plan of your ineligibility to receive premium assistance, contact the Plan Administrator:

Four Seasons
1165 Leslie St
Toronto, Ontario M3C 2K8
866-672-0435

For more information regarding ARP premium assistance and eligibility questions, visit <https://www.dol.gov/cobra-subsidy> or contact the Department of Labor at askebsa.dol.gov or 1-866-444-EBSA (3272).

COBRA CONTINUATION COVERAGE ELECTION AND REQUEST FOR PREMIUM ASSISTANCE INSTRUCTIONS

Under federal law, you have 60 days from the date of original notice or the coverage termination date, whichever is later, to elect COBRA continuation coverage under the Plan, unless you are entitled to additional time under a federal policy or program. For example, you may be entitled to more time because of a national emergency. However, if you fail to elect COBRA continuation coverage and the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance under the ARP.

IT TAKES JUST THREE EASY STEPS TO REVIEW AND ENROLL IN YOUR COBRA COVERAGE OPTIONS ONLINE:

1. **Go to fbenefits.fourseasons.com** and log in with your username and password. If you don't know them, select **Register** then provide your company key (**fourseasons**), your Social Security Number and your Date of Birth.
2. **Review and make your COBRA elections.** The online enrollment process makes it easy to select the coverage you're eligible for and request premium assistance under ARP. Please note, if you are a dependent electing coverage for yourself only, you will need to complete and return the attached enrollment form. Once enrolled, you will be able to login to fbenefits.fourseasons.com and create your online account.
3. **Choose the payment method you want.** Please note, if you are an Assistance Eligible Individual under ARP, you will not be required to make a payment for assistance-eligible plans until your premium assistance ends.
 - a. **Pay Online** – Provide your preferred payment method and account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
 - b. **Pay by Check** – Make your check payable to **Four Seasons**.

If you are an Assistance Eligible Individual under the American Rescue Plan Act of 2021 (ARP), you may also apply for ARP Premium assistance online at fbenefits.fourseasons.com during your online enrollment.

If you choose to submit your completed Election Form by mail, it must be postmarked no later than **07/05/2021**. To apply for ARP Premium Assistance, complete the Request for Treatment as an Assistance Eligible Individual and send this form along with your Election Form. If you do not complete these forms and return within 60 days of receipt, you may be unable to receive the premium assistance.

Completing your enrollment online at fbenefits.fourseasons.com is the fastest and most secure way to ensure continuation coverage for you and your family. **Requests received by mail can take up to 7-10 days from receipt to complete processing.** For elections and requests for premium assistance submitted by mail, send the completed forms to:

Four Seasons (c/o Businessolver, Inc.)
ATTN: COBRA Administration
P.O. Box 310512
Des Moines, IA 50331-0512

If you do not submit a completed Election Form and Request for Treatment as an Assistance Eligible Individual, if applicable, or complete **your online enrollment** by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject/waive COBRA continuation coverage before the due date, you may change your mind and revoke your rejection/waiver as long as you complete your enrollment online at fbenefits.fourseasons.com or submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Your decision whether to elect COBRA continuation coverage will affect your future right to portability of group health coverage, guaranteed access to individual health coverage and special enrollment. Additional information about such rights is included in your Plan's summary plan description. You may also want to read the important information about the rules for premium assistance included in the Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021 attached.

If you elect to continue coverage, and if you meet all other requirements explained on the enclosed document, your COBRA continuation coverage will begin on **05/01/2021**.

IF YOU ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE:

You must make your first payment for COBRA coverage no later than 45 days after the postmark date of your election (this is the date your Election Form is mailed) or completion of **your online enrollment**. If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.

IMPORTANT: Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment.

Subsequent payments are due on the 1st of the month. If you do not remit the full premium on a timely basis, your coverage may be terminated. Refer to the PREMIUM PAYMENT INFORMATION section for more information.

COBRA CONTINUATION COVERAGE ELECTION FORM

(FOR BSC USE ONLY: Four Seasons – mm_num:357073647)

Read the important information about your rights included in this packet before completing your Election Form below.

Your COBRA Continuation elections must be completed and/or postmarked no later than 07/05/2021.

Completing your enrollment online at fbenefits.fourseasons.com is the fastest and most secure way to ensure continuation coverage for you and your family. **Elections received by mail can take up to 7-10 days from receipt to complete processing.** To enroll by mail, complete this form and return to the COBRA Administrator at the address provided in the COBRA Continuation Coverage Election and Request For Premium Assistance Instructions.

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

PLACE AN "X" BY QUALIFIED BENEFICIARY TO BE COVERED:☐**QUALIFIED BENEFICIARY**

Vivian Holmes

SOCIAL SECURITY NUMBER

XXX-XX-7168

The Company may pay a portion of your COBRA costs for the period of time outlined in your severance agreement. Refer to that agreement for detailed information. You have the right to COBRA regardless of whether you sign your agreement or not, however the Company will only be obligated to pay its portion following your execution of the agreement. Following the severance period, you will be responsible for payment of the full COBRA premium stated on the Election Form.

You may be eligible for a Vision premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a EAP premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a Medical premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved.

I/We elect COBRA continuation coverage as indicated below:

PLACE AN "X" BY COVERAGE SELECTION:**MONTHLY COST**

As a COBRA Qualified Beneficiary you are being given the opportunity to continue the EAP program through COBRA. If you elect to take this coverage, you will be charged \$ 0.87 /Monthly MO until your COBRA end date, or, until you explicitly terminate this coverage, whichever is earlier.

☐ Yes, I wish to elect the EAP program.

☐ No, I do not wish to elect this plan.

COBRA PREMIUMS ARE SUBJECT TO CHANGE.

California residents, please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in higher premium or you could be denied coverage entirely.

Signature

Date

Print Name

Email Address

(Recommended to receive future reminders and notifications regarding your account and payments due)

Telephone Number

Mailing Address

Questions? For faster service, we recommend first reviewing the information provided within your account via fsbenefits.foursessions.com. This information is available at your convenience, with no wait times.



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REQUEST FOR TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL

(FOR BSC USE ONLY: Four Seasons – mm_num:357073647)

Completing your enrollment and request for ARP Premium Assistance online at fbenefits.fourseasons.com is the fastest and most secure way to ensure continuation coverage for you and your family. **Requests received by mail can take up to 7-10 days from receipt to complete processing.** To apply for ARP Premium Assistance by mail, complete this form and return to the COBRA Administrator at the address provided in the COBRA Continuation Coverage Election and Request For Premium Assistance Instructions.

If you have not yet elected COBRA continuation coverage, you may send this form along with your completed Election Form. If you do not complete this form and return it within 60 days of receipt, you may be unable to receive the premium assistance. If you are already enrolled in COBRA, you may send this form in separately.

You may also want to read the important information about the rules for premium assistance included in the Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021.

TO QUALIFY, YOU MUST BE ABLE TO CHECK "YES" FOR ALL STATEMENTS BELOW FOR EACH QUALIFIED BENEFICIARY:

1. The qualifying event was a loss of employment that was involuntary or a reduction in hours.
2. I elected (or am electing) COBRA continuation coverage.
3. I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming premium assistance).
4. I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming premium assistance).

PLACE AN "X" BY QUALIFIED BENEFICIARY IF ALL STATEMENTS ABOVE ARE TRUE:

☐

QUALIFIED BENEFICIARY
Vivian Holmes

SOCIAL SECURITY NUMBER
XXX-XX-7168

Any Qualified Beneficiaries that do not meet the requirements for treatment as an Assistance Eligible Individual will be enrolled in coverage separately and will be responsible for paying all premiums as billed.

I make an election to exercise my right to ARP premium assistance and attest that I meet the requirements for treatment as an Assistance Eligible Individual. To the best of my knowledge and believe all of the answers I have provided on this form are true and correct.

Signature

Date

Print Name

Email Address
(Recommended to receive future reminders and notifications regarding your account and payments due)

Telephone Number

Mailing Address

Questions? For faster service, we recommend first reviewing the information provided within your account via fbenefits.fourseasons.com. This information is available at your convenience, with no wait times.

For Further Assistance, you may contact the Department of Labor's Employee Benefits Administration at 1-866-444-3272, or online at <https://www.askebsa.dol.gov/WebIntake>.